

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i					
2		i				
3						
4		i				
5						
6	i					
7		i				
8						
9						
10		i				
11						
12		i				
13	i					
14		i				
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16		i				
17			i			
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	28					
TOTAL CLAIMS	33					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS